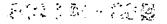
MISSOURI DIVISION OF HEALTH -Registration District No. Primary Registration District No. DO NOT WRITE AMENDED ON THIS STUB USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside_corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR OR TOWN TOWN Yes 🔲 No 🖸 c. FULL NAME OF (If NOT in hospital, give location) Reside on Farm Inside Limite d. STREET DATE HOSPITAL OR **ADDRESS** Brooks INSTITUTION Yes 🙀 No 🗌 Yes 💢 No 🗌 NAME OF DECEASED Last DATE Month Day Year OF (Type or print) DEATH 9. AGE (last birthday) IF UNDER 1 YEAR Never Married [5. SEX Days Widowed [Divorced [10b. KIND OF BUSINESS OR INDUSTRY CITIZEN OF WHAT COUNTRY Working life, even If retired) ð 13b. MOTHER'S MAIDEN NAME NAME OF HE Momn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? unknown) [(If yes, give war or dates of servi 0 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DOCUMENT ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (a) Ö 11 INSTEAD Conditions, if any, DUE TO (b) which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased was female ١ō disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS ☐ Unknown ☐ Yes 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) SUICIDE HOMICIDE 19. WAS AUTOPSY 20a. ACCIDENT PERFORMED? YES | NO 2 Month, Day, Year 20c. TIME OF Hour RIBBON INJURY a.m. p.m. COUNTY STATE 20f. CITY, TOWN, OR LOCATION 20e. PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK **TYPEWRITER** and lest saw him alive on 4-19-61 21. I attended the deceased from. 哥 the date stated above, and to the best of my knowledge, from the causes stated. Death occurred SHOULD 22c) DATE SIGNED 尚 22a. SIGNATURE (State) 23c. NAME OF CEMETERY OR 23s. BURIAL, CREMATION. AFFIDA S. MANOVAL (Specify) 3 TEM 24. FUNERAL DIRECTOR

(Licensed Embalmer's Statement on Reverse Side)





STATEMENT BY LICENSED EMBALMER

, Student Embalmer No
6 D- O
Signed Holy Jeiman
Licensed Embalmer No. 3297
P. O. Address Miller V.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.